

**The Association of Administrators of the Interstate Compact on Adoption and Medical Assistance**®

**Designation of State Compact and Deputy Compact Administrators**

 ***The following individuals have been designated as the Compact Administrator(s) of the ICAMA for the:***

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|  ***State of***  |
| ***Compact Administrator(s):*** |
|       |        |
| **1. Name *(please print)*** | **2. Name *(please print)***  |
|       |       |
| **Title**  | **Title** |
|       |       |
| **Agency** | **Agency** |
|       |       |
| **Phone and E-mail** | **Phone and E-mail** |
| ***Deputy Compact Administrator(s):*** |
|  |        |
| **1. Name *(please print)*** | **2. Name *(please print)***  |
|  |       |
| **Title** | **Title** |
|       |       |
| **Agency** | **Agency** |
|       |       |
| **Phone and E-mail** | **Phone and E-mail** |
| ***Authorized Signature\* Printed name and date*** |
|  |
|  |
|       |       |
| **Name** | **Title** |
|       |       |
| **Agency** | **Date** |
|  |
| ***\* Person in the state who has authority to designate ICAMA Compact Officials.*** |

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